



**HOOPA VALLEY TRIBE
APPLICATION FOR ENROLLMENT**

Date Received: _____

Mail _____ In Person _____

Received by: _____

TO BE FILLED OUT BY THE PERSON MAKING APPLICATION AND SIGNED BY EACH TRIBAL MEMBER THROUGH WHOM ELIGIBILITY IS CLAIMED.

FULL NAME OF APPLICANT FOR ENROLLMENT: _____

INDIAN, OR OTHER NAME BY WHICH KNOWN: _____

MAILING ADDRESS: _____

CITY

STATE

ZIP

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

PHONE # (____) _____ SOCIAL SECURITY NUMBER _____ / _____ / _____
(Please attach copy of Social Security Card)

ANCESTOR ON BASE ROLL THROUGH WHOM ENROLLMENT RIGHTS ARE CLAIMED:

NAME: _____ ROLL #: _____ RELATIONSHIP: _____

DEGREE OF INDIAN CLAIMED:

HUPA TRIBE: _____ OTHER: _____ TOTAL DEGREE: _____

IS EITHER OF APPLICANT'S PARENTS ENROLLED AS A MEMBER OF ANOTHER TRIBE? _____

IF YES, THE PARENT AND TRIBE: _____

IS APPLICANT ENROLLED WITH ANOTHER TRIBE? YES _____ NO _____

IS APPLICANT AN ADOPTED CHILD? YES _____ NO _____

IS APPLICANT A DIRECT LINEAL DESCENDANT OF A MEMBER OF THE HOOPA TRIBE? _____

ORIGINAL CERTIFIED BIRTH CERTIFICATE MUST BE PROVIDED AS REQUIRED, AND
MUST BE SUBMITTED WITH APPLICATION FORM. CERTIFIED BIRTH CERTIFICATE WILL BE
PERMANENTLY MAINTAINED IN NEW ENROLLEE'S MEMBERSHIP FILE.

Mother Signature: _____ DATE: _____

Father Signature: _____ DATE: _____

Applicant Signature: _____ DATE: _____

Guardian Signature: _____ DATE: _____